# Direct Deposit Authorization Form

Check one of the following: ☐ Start ☐ Stop ☐ Change	Effective Date: As Soon As Possible Future Paydate ____/____/____
Name (Last, First, Middle Initial)	Social Security Number

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Transit Routing Number (Must be 9 numbers)

Account Number

Type of Account (check one): ☐ Checking ☐ Savings   Amount to be withheld $_____   or net wages
(fill in amount or circle net wages)

I authorize the Middleburgh Central School District to direct deposit funds to my account in the financial institution listed above. This authority will remain in full force and effect until Middleburgh Central School District has received written notification from me of its termination in such time and in such manner as to afford Middleburgh Central School District and the bank a reasonable opportunity to act upon it. If funds to which I am **not** entitled are deposited in my account, I authorize the District to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the District at any time. If any of the above information changes, I will **promptly** complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to the District for distribution. I understand that this will **delay** my check.

Employee Signature	Date (Mo/Day/Yr)	Daytime Phone Number

Home Address: Street	City	State	Zip Code

Email Address:

For verification purposes, please attach a voided check to the bottom of this form. If you selected to have your check deposited to a savings account, please contact your financial institution to obtain its transit routing number.
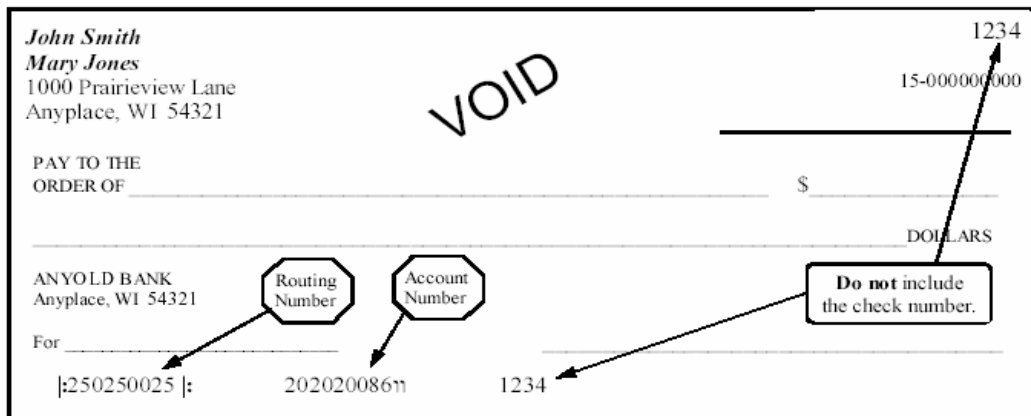
_____ I would like to opt out of direct deposit at this time   (check if not interested in direct deposit)

_____   _____
Signature   Date